

**RCRIS HANDLER INFORMATION**

This form completed on 11 Jan 94 (date) by ALLEN APPERSON (name of person completing form)  
METCHALF & EDDY (name of person's employer), TES X Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA D 984569319

**1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE):**

MIDWESTERN POWER PRODUCTS DIVISION

**2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)**

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"  
- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12,"  
"NW corner of Jackson and Jefferson Streets"

**STREET ADDRESS:** 10100 DENNIS DRIVE

**CITY/ZIP CODE:** DES MOINES, IA 50322

**3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):**

**STREET ADDRESS:** SAME

**CITY/ZIP CODE:** \_\_\_\_\_, IA \_\_\_\_\_

**4. INSTALLATION CONTACT PERSON:**

Name: DALE KOENIG

Title: OPERATIONS MANAGER

Telephone Number: Area Code (515) 278-5521

Street Address: 10100 DENNIS DRIVE

City/Zip Code: DES MOINES, IA 50322

**5. OWNERSHIP INFORMATION:**

Name of Installation's Legal Owner: CUMMINS GREAT PLAINS

Street Address: 5515 CENTER ST

City/Zip Code: OMAHA NE, IA 68106

Telephone Number: Area Code (402) 551-7678

**6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE**

(CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☒ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☐ Other: (specify) \_\_\_\_\_

**7. COMMENTS:**

R00158355

RCRA RECORDS CENTER

(INCLUDE INFORMATION HERE SUCH AS, IF THE COMPANY LISTED IN RCRIS AS OCCUPYING THE SITE IS NO LONGER THERE, DID THEY GO OUT OF BUSINESS OR MOVE TO A NEW LOCATION, AND IF KNOWN, WHAT IS THAT NEW LOCATION)

November 1993

Below is a summary of the information currently in EPA's RCRA Computer Data Base for the INSTALLATION LOCATION and EPA RCRA Identification Number listed.

If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this form and sending it to EPA at:

EPA REGION 7 - RCRA/IOWA  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call the Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a detailed message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD984569319

Name of Company/Installation: MIDWESTERN POWER DIVISION  
Location of Installation: 10100 DENNIS DR  
DES MOINES, IA 50322  
County: IAPOLK

Mailing Address: 10100 DENNIS DR  
DES MOINES, IA 50322

Installation Contact: DALE KOENIG  
Job Title: SVC MGR OPERATIONS MANAGER  
Phone Number: (515) 278-5521  
Contact's Address: 10100 DENNIS DR  
DES MOINES, IA 50322

Current Owner of Installation: ~~H AND H PROPERTIES~~ CUMMINS GREAT PLAINS  
Owner's Address: 5515 CENTER ST. PO BOX 6068  
OMAHA, NE 68106  
Phone Number: (402) 551-7678  
Land Type: Unknown LEASED  
Owner Type: Unknown H and H INVESTMENTS  
Regulated Activities: SMALL QUANTITY GENERATOR

Hazardous Wastes Handled: D001, D002

  
Your Signature

 Dale Koenig Oper. Mgr.  
Your Name and Official Title

 1-10-94  
Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

North Randall Road  
Elgin, Illinois 60123-7857

WE CARE

FOR SERVICE CALL  
TRANSPORTER

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

| SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REFERENCE NUMBER |
|------------------------|-----------------------------|------------------|
| 93-44                  | 20                          | 113021           |

5-053-01-1267-7  
MIDWESTERN POWER PRO  
10100 DENNIS DR  
W DES MOINES

315-262-2949 ERAD KNUDSON  
LDR NOT REC'D

0-220 DP  
5-053-01-0454  
COMMINS GREAT PLAINS  
ATTN DARC  
PO BOX 1063  
CHADIA

MANIFEST  
NUMBER

XXXXX

IA 50322

NE 68108

| SERVICE DATE  | SALESMAN'S NO. | SALES SPECIALIST     | SALES TAX EXEMPTION NUMBER | HANDLING CODE | CREDIT CODE | PREVIOUS BALANCE | PORTION OVER 60 DAYS |              |             |
|---------------|----------------|----------------------|----------------------------|---------------|-------------|------------------|----------------------|--------------|-------------|
| 11-3-93       | 5762           | XXXX                 |                            |               |             |                  |                      |              |             |
| BUSINESS TYPE | CHAIN          | CUSTOMER P.O. NUMBER | GENERATOR/CUSTOMER PHONE # | O.C.          | SVC P/S     | PROD. P/S        | SERVICE TAX          | C.O.M.S. TAX | PRODUCT TAX |
| 09            | NO             | 29-9851              | 515-278-5521               | NO            | 275         | 001              | 05                   | 05           | 05          |

MACHINE SERVICE SECTION

MACHINE INSPECTION SECTION

|                       | MACHINE NUMBER | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM             | CHANGE SERVICE TERM YES-5 NO-1 | CHANGE SCHEDULE DATE YES-1 NO-1 | REMARKS                | PLEASE CHECK APPROPRIATE BOXES             |  |
|-----------------------|----------------|----------------|-----------|--------------|--------------------------|--------------------------------|---------------------------------|------------------------|--|--|
| 1                     | 110-24146      | 142.25         | 7.11      | 149.36       | 12                       |                                |                                 |                        | MACHINE CONDITION & CLEANLINESS            | GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/> |
| 2                     | 510-43559      | 67.00          | 3.35      | 70.35        | 12                       |                                |                                 | /SNAPON                | LAMP ASSEMBLY CONDITION                    | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 3                     | 520-76125      | 93.00          | 4.65      | 97.65        | 12                       |                                |                                 | /SNAPON                | DECALS IN PLACE AND LEGIBLE                | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>    |
| 4                     |                |                |           |              |                          |                                |                                 |                        | FUSIBLE LINK INSTALLED                     | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 5                     |                |                |           |              |                          |                                |                                 |                        | EMERGENCY CLOSING OF LID UNOBSERVED        | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 6                     |                |                |           |              |                          |                                |                                 |                        | MACHINE PROPERLY GROUNDED                  | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 7                     |                |                |           |              |                          |                                |                                 |                        | LOCAL PHONE NO. STICKER AFFIXED TO MACHINE | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 8                     |                |                |           |              |                          |                                |                                 |                        | SPENT SOLVENT MEETS ACCEPTANCE CRITERIA    | <input checked="" type="checkbox"/> <input type="checkbox"/>           |
| 9                     |                |                |           |              |                          |                                |                                 |                        |  |  |
| 10                    |                |                |           |              |                          |                                |                                 |                        |  |  |
| 11                    |                |                |           |              |                          |                                |                                 |                        |  |  |
| 12                    |                |                |           |              |                          |                                |                                 |                        |  |  |
| TOTAL SERVICE SECTION |                | 302.20         | 15.11     | 317.36       | GENERATOR USA EPA ID NO. |                                |                                 | GENERATOR STATE ID NO. |  | 15-385-2424  |

HAZARDOUS WASTE INFORMATION

This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

| CONTAINERS  |               |                |                | US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) |  | USEPA TRANSPORTER ID# JLD984908202 |  |
|-------------|---------------|----------------|----------------|--|--|------------------------------------|--|
| PAIS NO. DM | SSPW TANKS DF | 16 GAL. NO. DM | 30 GAL. NO. DM | TOTAL LBS. OR GAL.   |  |                                    |  |
|             |               | 1              | 1              | 28   | Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS) 30 GAL. DRUMS                                   |                                    |  |
|             |               | 1              |                | 6  | RQ Waste Combustible Liquid, N.O.S. (Petroleum Naphtha) NA 1993 PGIII (EPA, D001, D018, D039) (ERG #27) (IN GALLONS) 30 GAL. DRUMS                               |                                    |  |
|             |               |                |                |  | RQ Waste Compounds, Cleaning Liquid, (Monocethanolamine) 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) IN GALS PRODUCT NO. 699 |                                    |  |

I certify that my total waste streams are within one of the following categories:

|                               |                                     |
|-------------------------------|-------------------------------------|
| 0 to 220 lbs./month           | <input checked="" type="checkbox"/> |
| 220 lbs. to 2,200 lbs./month  | <input type="checkbox"/>            |
| Greater than 2,200 lbs./month | <input type="checkbox"/>            |

Note: Quantity X Number of Drums X Vol. of Drum or Pails X

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.  
4704 NE 22ND DES MOINES IA 50317

USA EPA ID NO. IAD981713000  
STATE ID NO.

PRODUCT SALES SECTION

| SOLD ON PREVIOUS SERVICES |       |      | PRODUCT NUMBER | DESCRIPTION | MSDS GIVEN               | PRICE | U/M | QUANTITY DELIVERED | SALES AMOUNT | TAX | LINE TOTAL |
|---------------------------|-------|------|----------------|-------------|--------------------------|-------|-----|--------------------|--------------|-----|------------|
| 2 PRIOR                   | PRIOR | LAST |                |             |                          |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |
|                           |       |      |                |             | <input type="checkbox"/> |       |     |                    |              |     |            |

PAYMENT RECEIVED SECTION

|                               |                |  |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO:                                    |
| CHECK NUMBER                  |                | <input type="checkbox"/> TODAY'S SERVICE/SALE        |
|                               |                | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |

TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE RECLAMATION AGREEMENT, ADDITIONAL TERMS AND CONDITIONS, AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

317.36

TOTAL DUE

317.36

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

IN EVENT OF EMERGENCY CALL  
1-708-888-4660 (24 hours)

GENERATOR DESIGNATED REPRESENTATIVE SIGNATURE

Print Name GEORGE W. MESSER

SERVICE/SALES ACKNOWLEDGEMENT

FORM 100 700 08 12 (REV. 11/93)

FORM NO 700-08-12 (REV 4/93)



Elgin, Illinois 60123



TRANSPORTER

515-262-2949 BRAD KNUDSON  
LDR NOT REQ'D

0-220 DP

| SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REQUESTED SERVICE NUMBER |
|------------------------|-----------------------------|--------------------------|
| 93- 20                 | 20                          | 154427                   |

MANIFEST NUMBER

XXXXXX

5-053-01-0454  
CUMMINS GREAT PLAINS  
ATTN DARC  
PO BOX 6068  
OMAHA

NE 68106

5-053-01-1267-7  
MIDWESTERN POWER PRO  
10100 DENNIS DR  
W DES MOINES

IA 50322

B  
L  
T  
L

| SERVICE DATE  |       | SALESMAN'S NO.       |  | SALES SPECIALIST | SALES TAX EXEMPTION NUMBER |  | HANDLING CODE | CREDIT CODE |      |         |           | PREVIOUS BALANCE |  | PORTION OVER 60 DAYS |  |             |  |
|---------------|-------|----------------------|--|------------------|----------------------------|--|---------------|-------------|------|---------|-----------|------------------|--|----------------------|--|-------------|--|
| 5-21-93       |       | 5762                 |  | XXXX             |                            |  |               | C           |      |         |           |                  |  |                      |  |             |  |
| BUSINESS TYPE | CHAIN | CUSTOMER P.O. NUMBER |  |                  | GENERATOR/CUSTOMER PHONE # |  |               |             | O.C. | SVC P/S | PROD. P/S | SERVICE TAX      |  | C.O.M.S. TAX         |  | PRODUCT TAX |  |
| 09            | NO    | 29-8680              |  |                  | 515-278-5521               |  |               |             | NO   | 923     | 001       | .05              |  | .05                  |  | .05         |  |

## MACHINE SERVICE SECTION

## MACHINE INSPECTION SECTION

| MACHINE NUMBER        | SERVICE CHARGE | SALES TAX | TOTAL CHARGE        | SERVICE TERM             | CHANGE SERVICE TERM (WEEKS) | CHANGE SCHEDULE DATE (YY-MM) | REMARKS | PLEASE CHECK APPROPRIATE BOXES |
|-----------------------|----------------|-----------|---------------------|--------------------------|-----------------------------|------------------------------|---------|--------------------------------|
| 1 110-24146           | 142.25         | 7.11      | 149.36              | 12                       |                             |                              | 0229    |                                |
| 2 510-43659           | 67.00          | 3.35      | 70.35               | 12                       |                             |                              | /SNAPON |                                |
| 3 520-76025           | 93.00          | 4.65      | 97.65               | 12                       |                             |                              | /SNAPON |                                |
| 4                     |                |           |                     |                          |                             |                              |         |                                |
| 5                     |                |           |                     |                          |                             |                              |         |                                |
| 6                     |                |           |                     |                          |                             |                              |         |                                |
| 7                     |                |           |                     |                          |                             |                              | 16130   |                                |
| 8                     |                |           |                     |                          |                             |                              | 6112    |                                |
| 9                     |                |           |                     |                          |                             |                              |         |                                |
| 10                    |                |           |                     |                          |                             |                              |         |                                |
| 11                    |                |           |                     |                          |                             |                              |         |                                |
| 12                    |                |           |                     |                          |                             |                              |         |                                |
| TOTAL SERVICE SECTION |                |           | 302.25 15.11 317.36 | GENERATOR USA EPA ID NO. |                             | GENERATOR STATE ID NO.       |         | 16-385-2424                    |

## HAZARDOUS WASTE INFORMATION

This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

| CONTAINERS  |               |               |               |                  | US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)  | USEPA TRANSPORTER ID# ILD051060408 | I certify that my total waste streams are within one of the following categories: |
|-------------|---------------|---------------|---------------|------------------|---|------------------------------------|---|
| PAIS NO. DM | SSPW TANKS OF | 16 GAL NO. DM | 30 GAL NO. DM | TOTAL LBS OR GAL |   |                                    |   |
|             |               | 1             | 1             | 18               | Waste Combustible Liquid, N.O.S. (Mineral Spirits) NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)                                       | (IN GALLONS)                       | 0 to 220 lbs./month   |
|             |               | 1             |               | 5                | RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) 8, NA1760 PGIII (EPA, D008, D007, D008, D018, D021, D027, D039, D040) (ERG #60) | IN GALS                            | 220 lbs. to 2,200 lbs./month  |
|             |               |               |               |                  |   |                                    | Greater than 2,200 lbs./month   |

Total Quantity X Number of Drums X Volume of Pails XX

| DESIGNATED FACILITY NAME AND ADDRESS: | SAFETY-KLEEN CORP. | USA EPA ID NO. | IA0981718000 |
|---------------------------------------|--------------------|----------------|--------------|
| 4704 NE 22ND                          | DES MOINES         | IA 50317       | STATE ID NO. |

## PRODUCT SALES SECTION

| SOLD ON PREVIOUS SERVICES | PRODUCT NUMBER | DESCRIPTION | MSDS GIVEN | PRICE | U/M | QUANTITY DELIVERED | SALES AMOUNT | TAX | LINE TOTAL |
|---------------------------|----------------|-------------|------------|-------|-----|--------------------|--------------|-----|------------|
| 2 PRIOR                   | PRIOR          | LAST        |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |
|                           |                |             |            |       |     |                    |              |     |            |

## PAYMENT RECEIVED SECTION

|                               |                |  |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO:                                    |
| CHECK NUMBER                  |                | <input type="checkbox"/> TODAY'S SERVICE/SALE        |
|                               |                | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |

## TOTAL PRODUCT AMOUNTS

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

TOTAL SERVICE AMOUNT (FROM ABOVE)

317.36

TOTAL DUE

317.36

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

GENERATOR DESIGNATED REPRESENTATIVE SIGNATURE

Print Name GEARY W. MESSERSCHMIDT

IN EVENT OF EMERGENCY CALL  
1-708-888-4660 (24 hours)

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CUSTOMER

SERVICE/SALES ACKNOWLEDGMENT

FORM NO. 700-08-12 (REV. 1993)

Timber Road  
Illinois 60123



FOR SERVICE CALL  
TRANSPORTER

515-252-2949 ERAD KNUDSEN  
LDR NOT REQ'D C-220

DUNS NO. 05106-0408 FED. ID NO. 39-6090019

| SCHEDULED SERVICE WEEK | SCHEDULED SERVICE TERRITORY | REFERENCE NUMBER |
|------------------------|-----------------------------|------------------|
| 93-                    | 20                          | 166980           |
| MANIFEST NUMBER        |                             | XXXXX            |

053-01-1257-7  
WESTERN POWER PRO  
10100 DENNIS DR  
W DES MOINES

IA 50322

5-053-01-0454  
CUMMINS GREAT PLAINS  
ATTN DARC  
PG BOX 6063  
CMAHA

NE 68106

| SERVICE DATE  | SALESMAN'S NO. | SALES SPECIALIST     | SALES TAX EXEMPTION NUMBER | HANDLING CODE | CREDIT CODE | PREVIOUS BALANCE |             | PORTION OVER 60 DAYS |             |
|---------------|----------------|----------------------|----------------------------|---------------|-------------|------------------|-------------|----------------------|-------------|
| 2-25-93       | 5762           | XXXX                 |                            |               | C           |                  |             |                      |             |
| BUSINESS TYPE | CHAIN          | CUSTOMER P.O. NUMBER | GENERATOR/CUSTOMER PHONE # | O.C.          | SVC P/S     | PROD. P/S        | SERVICE TAX | C.O.M.S. TAX         | PRODUCT TAX |
| 54            | AL             | 29-7634              | 313-278-0321               | NO            | 822         | 001              | .05         | .05                  | .05         |

| MACHINE SERVICE SECTION |                |           |              |              |                             |         |                               | MACHINE INSPECTION SECTION |             |
|-------------------------|----------------|-----------|--------------|--------------|-----------------------------|---------|-------------------------------|----------------------------|-------------|
| MACHINE NUMBER          | SERVICE CHARGE | SALES TAX | TOTAL CHARGE | SERVICE TERM | CHANGE SERVICE TERM (WEEKS) | INITIAL | CHANGE SCHEDULE DATE (TRY 1W) | REMARKS 0224               |             |
| 110-24140               | 139.00         | 0.00      | 139.00       | 12           |                             |         |                               |                            |             |
| 523-10025               | 87.00          | 4.35      | 91.35        | 12           |                             |         |                               | SNAPEN                     |             |
| 3                       |                |           |              |              |                             |         |                               |                            |             |
| 4                       |                |           |              |              |                             |         |                               |                            |             |
| 5                       |                |           |              |              |                             |         |                               |                            |             |
| 6                       |                |           |              |              |                             |         |                               |                            |             |
| 7                       |                |           |              |              |                             |         |                               |                            |             |
| 8                       |                |           |              |              |                             |         |                               |                            |             |
| 9                       |                |           |              |              |                             |         |                               |                            |             |
| 10                      |                |           |              |              |                             |         |                               |                            |             |
| 11                      |                |           |              |              |                             |         |                               |                            |             |
| 12                      |                |           |              |              |                             |         |                               |                            |             |
| TOTAL SERVICE SECTION   |                | 220.00    | 11.00        | 231.00       | GENERATOR USA EPA ID NO.    |         | GENERATOR STATE ID NO.        |                            | 16-385-2424 |

| HAZARDOUS WASTE INFORMATION   |               |               |               |                    | I certify that my total waste streams are within one of the following categories:         |  |
|---|---------------|---------------|---------------|--------------------|---|--|
| CONTAINERS  |               |               |               |                    | 0 to 220 lbs./month   |  |
| PAIS NO. DM   | SSPW TANKS OF | 16 GAL NO. DM | 30 GAL NO. DM | TOTAL LBS. OR GAL. | 220 lbs. to 2,200 lbs./month  |  |
|   |               |               | 1             | 50                 | Greater than 2,200 lbs./month   |  |
| US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)      |               |               |               |                    | Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails                                 |  |
| Waste Combustible Liquid, N.O.S. (Mineral Spirits) (IN GALLONS)                 |               |               |               |                    | DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP. 4704 NE 22ND DES MOINES IA 50317 |  |
| NA1993 PGIII (EPA, D001, D018, D039) (ERG #27)                                  |               |               |               |                    | USA EPA ID NO. 160381718000   |  |
| RQ Waste Compounds, Cleaning Liquid, (Monoethanolamine) (IN GALS)               |               |               |               |                    | STATE ID NO.  |  |
| 8, NA1760 PGIII (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60) |               |               |               |                    |   |  |

| PRODUCT SALES SECTION     |       |      |                   |             |                          |       |     |                       |                 |     |            |
|---------------------------|-------|------|-------------------|-------------|--------------------------|-------|-----|-----------------------|-----------------|-----|------------|
| SOLD ON PREVIOUS SERVICES |       |      | PRODUCT<br>NUMBER | DESCRIPTION | MSDS<br>GIVEN            | PRICE | U/M | QUANTITY<br>DELIVERED | SALES<br>AMOUNT | TAX | LINE TOTAL |
| 2 PRIOR                   | PRIOR | LAST |                   |             |                          |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |
|                           |       |      |                   |             | <input type="checkbox"/> |       |     |                       |                 |     |            |

| PAYMENT RECEIVED SECTION      |                |  |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO:                                    |
| CHECK NUMBER                  |                | <input type="checkbox"/> TODAY'S SERVICE/SALE        |
|                               |                | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |

| TOTAL PRODUCT AMOUNTS   |  | TOTAL SERVICE AMOUNT (FROM ABOVE) |  |
|---|--|-----------------------------------|--|
| CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. ALSO I HAVE NOTED THE MACHINE INSPECTION SECTION ABOVE AND THE PRESENCE OF MACHINE, SOLVENT AND RECLAMATION AGREEMENT INFORMATION ON THE REVERSE SIDE. THE ABOVE AMOUNT IS SUBJECT TO AN INTEREST CHARGE OF THE LESSOR OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. |  | 231.00                            |  |
| GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE   |  | TOTAL DUE 231.00                  |  |
| Print Name  |  | GEARLY MESSERSCHMIDT              |  |

IN EVENT OF EMERGENCY CALL  
1-708-888-4660 (24 hours)

SERVICE/SALES ACKNOWLEDGEMENT

Big Timber Road  
Elgin, Illinois 60123

DUNS NO. 05106-0408  
FED. ID NO. 39-6090019

COMS SERVICE CONTRACT

GENERATOR/LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

P48659

Midwestern Power Products

DELIVERY ADDRESS

10101 Dennis Dr

INFORMATION/ATTENTION LINE

CITY & STATE

Des Moines IA

ZIP

50322-

USA EPA ID NO.

TAX CODE

163852424

STATE ID NO.

NAME

DELIVERY ADDRESS

INFORMATION/ATTENTION LINE

CITY & STATE

ZIP

TAX CODE

MANIFEST NUMBER

MAKE AND MODEL  
OF EQUIPMENT

DATE PLACED

2-25-93

MACHINE SERIAL NO.

510-48659

BRANCH

5-553-01

TYPE OF OUTLET

1267

MSDS  
GIVEN

☒

SNAPON

Safety-Kleen agrees to furnish clean solvent service and solvent removal service on cleaning equipment owned by customer at the above location. Safety-Kleen is not responsible for repair or maintenance of such equipment. Solvent servicing and removal shall be performed by Safety-Kleen only. Customer agrees to indemnify Safety-Kleen against any loss or claim arising from any personal injury or property damage, however caused, resulting from the placement or use of the machine on the customer's premises. Safety-Kleen is not responsible for any violation, loss or claim arising from non-compliance with pollution control laws caused by release of solvent to the environment from the unit and resulting from improper customer handling including, but not limited to spills into adjacent waterways, sewer lines or ground water, however caused. However, Safety-Kleen accepts responsibility for any spill solely caused by its agents in connection with the installation or servicing of the machine by Safety-Kleen.

DATE OF CONFIRMATION

2-25-93

SALES REP. NO.

5762

SALES SPECIALIST

DATE OF FIRST  
SCHEDULED SERVICE CALL

BLITZ  
CODE

PAW TAX %

.05

C.O.M.S. TAX %

.05

PROD. TAX %

CHAIN

SVC P/S

823

PROD P/S

SERVICE  
INTERVAL (WEEKS)

12

CUSTOMER'S P.O. NUMBER

☐ BLANKET

☐ TEMPORARY

SALES TAX EXEMPTION NO.

GENERATOR/CUSTOMER TELEPHONE NUMBER

AREA CODE

5151278-5521

SPECIAL  
HANDLING

CREDIT CODE

SERVICE CHARGE

62<sup>00</sup>

TAX

3<sup>10</sup>

TOTAL

65<sup>10</sup>

I ACKNOWLEDGE THAT I HAVE NO OBLIGATION TO PURCHASE SERVICE ON SAID EQUIPMENT FROM ANY THIRD PARTY, AND I ACCEPT THE FOREGOING TERMS AND ACKNOWLEDGE FIRST SERVICE. PRICES ARE SUBJECT TO CHANGE.

GENERATOR/CUSTOMER SIGNATURE REQUIRED.

### HAZARDOUS WASTE INFORMATION

CONTAINERS

| PAILS<br>NO. DM | SSPW<br>TANKS<br>DF | 16 GAL.<br>NO. DM | 30 GAL.<br>NO. DM | TOTAL<br>LBS. OR GAL. |
|-----------------|---------------------|-------------------|-------------------|-----------------------|
|                 |                     | 1                 |                   | 12                    |

"This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

RQ Waste Petroleum Naphtha, Combustible Liquid, UN1255 (EPA, D001, D018, D039) (ERG, #27) (12 Gallons)

RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, F002, F004, D006, D007, D008, D022) (ERG #60)

RQ Waste Compound, Cleaning, Liquid Corrosive Material, NA1760 (EPA, D006, D007, D008, D018, D021, D027, D039, D040) (ERG #60)

I certify that my total waste streams are within one of the following categories:

0 to 220 LBS./MONTH

220 LBS. to 2,200 LBS./MONTH

GREATER THAN 2,200 LBS./MONTH

Total Quantity = Number of Drums x Ave. Wt/Drum of: Pails 5.0 #/Gal #, 16 Gal 6, #, 30 Gal

SPENT SOLVENT MEETS  
ACCEPTANCE CRITERIA

YES

☐

NO

☐

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP.

4704 NE 22nd Des Moines IA 50317

USA EPA ID No. IAD981718000

STATE ID No.

### PRODUCT SALES SECTION

| PRODUCT NUMBER | DESCRIPTION | MSDS<br>GIVEN            | DEALER<br>PRICE  | UNIT OF<br>MEASURE | QUANTITY<br>DELIVERED | SALES AMOUNT | TAX | LINE<br>TOTAL |
|----------------|-------------|--------------------------|------------------|--------------------|-----------------------|--------------|-----|---------------|
| 10023          | Setup Fee   | <input type="checkbox"/> | 15 <sup>00</sup> | EA                 | 1                     | 11/2         |     | 11/2          |
|                |             | <input type="checkbox"/> |                  |                    |                       |              |     |               |
|                |             | <input type="checkbox"/> |                  |                    |                       |              |     |               |
|                |             | <input type="checkbox"/> |                  |                    |                       |              |     |               |
|                |             | <input type="checkbox"/> |                  |                    |                       |              |     |               |

### PAYMENT RECEIVED SECTION

|                               |                |  |
|-------------------------------|----------------|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO:                                    |
| CHECK NUMBER                  |                | <input type="checkbox"/> TODAY'S SERVICE/SALE        |
|                               |                | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |
| INV. #                        | AMOUNT \$      |  |

TOTAL PRODUCT  
AMOUNTS

TOTAL MACHINE SERVICE AMOUNT  
(INCLUDING TAX)

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. I HEREBY ACKNOWLEDGE READING AND DO ACCEPT THE TERMS AND CONDITIONS OF THIS SOLVENT SALES, SERVICE AND RECLAMATION AGREEMENT, MORE SPECIFICALLY DESCRIBED ON THE REVERSE SIDE.

TOTAL DUE

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.

IN EVENT OF EMERGENCY CALL  
1-800-669-5740 or 1-708-888-4660 (24 hours)

PRINT \ P

CUSTOMER'S COPY

PART NO. 1601 (300-08-72) (REV. 1/92)



# WILLETT AND CO.

10190 N.W. 46th Ave.  
URBANDALE, IOWA 50322  
(515) 276-2785 • (800) 382-2744  
E.P.A. I.D. #IAD984566190

|                                |                   |                                     |             |
|--------------------------------|-------------------|-------------------------------------|-------------|
| Customer's Order No.           |                   | Date <u>8-12-93</u> 19              |             |
| Name <u>Midwestern Power</u>   |                   |                                     |             |
| Address <u>10154 Dennis Dr</u> |                   |                                     |             |
| SOLD BY                        | CASH              | C. O. D.                            | CHARGE      |
|                                |                   | ON ACCT.                            | MDSE. RETD. |
|                                |                   |                                     | PAID OUT    |
| QUAN.                          | DESCRIPTION       |                                     | PRICE       |
|                                | GALS.             | GASOLINE                            |             |
|                                |                   | DIESEL                              |             |
|                                | QTS.              | OIL                                 |             |
|                                | GREASE            |                                     |             |
|                                | LUBRICATION       |                                     |             |
| 100                            | <u>Oil pickup</u> |                                     |             |
|                                | TAX               |                                     |             |
| CAR NO.                        | LICENSE NO.       | MILEAGE                             | TOTAL       |
| 0034989                        |                   | Rec'd by <u>[Signature]</u> 8-12-93 |             |

All claims and returned goods MUST be accompanied by this bill.

SS-213-3  
PRINTED IN U.S.A.

Thank You



# WILLETT AND CO.

10190 N.W. 46th Ave.  
URBANDALE, IOWA 50322  
(515) 276-2785 • (800) 382-2744  
E.P.A. I.D. #IAD984566190

|                                |                   |                             |             |
|--------------------------------|-------------------|-----------------------------|-------------|
| Customer's Order No.           |                   | Date <u>6-15-93</u> 19      |             |
| Name <u>Midwestern Power</u>   |                   |                             |             |
| Address <u>10100 Dennis Dr</u> |                   |                             |             |
| SOLD BY                        | CASH              | C. O. D.                    | CHARGE      |
|                                |                   | ON ACCT.                    | MDSE. RETD. |
|                                |                   |                             | PAID OUT    |
| QUAN.                          | DESCRIPTION       |                             | PRICE       |
|                                | GALS.             | GASOLINE                    |             |
|                                |                   | DIESEL                      |             |
|                                | QTS.              | OIL                         |             |
|                                | GREASE            |                             |             |
|                                | LUBRICATION       |                             |             |
| 200                            | <u>Oil pickup</u> |                             |             |
|                                | TAX               |                             |             |
| CAR NO.                        | LICENSE NO.       | MILEAGE                     | TOTAL       |
| 0034190                        |                   | Rec'd by <u>[Signature]</u> |             |

All claims and returned goods MUST be accompanied by this bill.

SS-213-3  
PRINTED IN U.S.A.

Thank You



SS-213-3  
PRINTED IN U.S.A.

All claims and returned goods MUST be accompanied by this bill.

Thank You



|                                |                   |                             |             |
|--------------------------------|-------------------|-----------------------------|-------------|
| Customer's Order No.           |                   | Date <u>12-7-93</u> 19      |             |
| Name <u>Midwestern Power</u>   |                   |                             |             |
| Address <u>10154 Dennis Dr</u> |                   |                             |             |
| SOLD BY                        | CASH              | C. O. D.                    | CHARGE      |
|                                |                   | ON ACCT.                    | MDSE. RETD. |
|                                |                   |                             | PAID OUT    |
| QUAN.                          | DESCRIPTION       |                             | PRICE       |
|                                | GALS.             | GASOLINE                    |             |
|                                |                   | DIESEL                      |             |
|                                | QTS.              | OIL                         |             |
|                                | GREASE            |                             |             |
|                                | LUBRICATION       |                             |             |
| 200                            | <u>Oil pickup</u> |                             |             |
|                                | TAX               |                             |             |
| CAR NO.                        | LICENSE NO.       | MILEAGE                     | TOTAL       |
| 0038232                        |                   | Rec'd by <u>[Signature]</u> |             |

# WILLETT AND CO.

10190 Meredith Dr.  
URBANDALE, IOWA 50322  
(515) 276-2785 • (800) 382-2744  
E.P.A. I.D. #IAD984566190



Midwestern Power  
10140 Dennis Drive  
Urbandale, IA 50322

454

**WILLETT AND CO.**

10190 N.W. 46th Ave.  
URBANDALE, IOWA 50322  
(515) 276-2785 • (800) 382-2744  
E.P.A. I.D. #IAD984566190

JUN 23 1993

| Customer's<br>Order No. <u>29-9717</u>                                 |                                       | Date <u>6-19</u> 19 <u>93</u> |                                     |          |             |          |
|--|---------------------------------------|-------------------------------|-------------------------------------|----------|-------------|----------|
| Name <u>Midwestern Power</u><br><u>10140 Dennis Drive Urbandale Ia</u> |                                       |                               |                                     |          |             |          |
| SOLD BY  | CASH                                  | C. O. D.                      | CHARGE                              | ON ACCT. | MOSE. RETD. | PAID OUT |
|  |                                       |                               | <input checked="" type="checkbox"/> |          |             |          |
| QUAN.  | DESCRIPTION                           |                               | PRICE                               | AMOUNT   |             |          |
|  | GALS.                                 | GASOLINE<br>DIESEL            |                                     |          |             |          |
|  | QTS.                                  | OIL                           |                                     |          |             |          |
|  | GREASE                                |                               |                                     |          |             |          |
|  | LUBRICATION                           |                               |                                     |          |             |          |
|  | <u>Picked up</u>                      |                               |                                     |          |             |          |
|  | <u>1 - used anti freeze Drum Full</u> |                               |                                     |          |             |          |
|  | <u>(not ours)</u>                     |                               |                                     |          |             |          |
|  | <u>left 1 drum</u>                    |                               |                                     |          |             |          |
|  | <u>1 per site</u>                     |                               |                                     |          |             |          |
|  | TAX                                   |                               |                                     |          |             |          |
| CAR NO.  | LICENSE NO.                           | MILEAGE                       | TOTAL                               |          |             |          |
|  |                                       |                               | <u>\$25.00</u>                      |          |             |          |
| 0036065  |                                       |                               | Rec'd by <u>[Signature]</u>         |          |             |          |

All claims and returned goods MUST be accompanied by this bill.

SS-2133  
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Thank You

